

FIG. 3

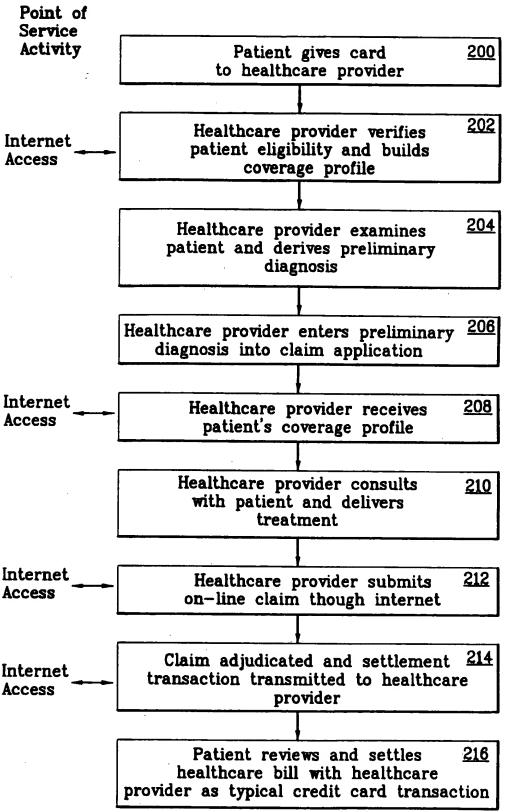


FIG. 4

A COCUMENTAL STREET, S		-		Marian	CATTOR CASTS	- DATE	PATE	DATE
9943-0392-1582-4711 8000			1045		29	10/23/1987	11/20/1997	12/10/1997

AMOUNT	TION OF ACTIVITY	为一种的一种,一种一种	10,040	DATE	
		AL TRANSACTIONS			
640.0	CLAMM 9710241335436-560229 (SEE ATTACHED)	KLEIN, EDWARD, MD	1032	24-Oct	24-Oct
(448.0	CLABM 9710241335436-580229 (SEE ATTACHED)	CIGNA HEALTHCARE PAYMENT	1033	24-Oct	24-05
360.0	CLASS 9711080398432-483984 (SEE ATTACHED)	KLEIN, EDWARD, MD	1034	6-Nov	S-Nov
(256.0	CLAMM 9711080308432-483084 (SEE ATTACHED)	CIGNA HEALTHCARE PAYMENT	1036	6-Nov	
350.0	CLAMM 9711014930293-839434 (SEE ATTACHED)	DR. MORGENSTERN, DOS	1036	8-Nov	6-Nov
15.0	CLAMM 9711100948372-583943 (SEE ATTACHED)	WANG, GEORGE, MD	1037	•	8-Nov
10.0		HIGHTSTOWN PEDIATRICS	1037	10-Nov	0-Nov
10.		WINDSOR PODIATRY	1036	14-Nov	4-Nov
	DHS 671.00	SUSTOTAL MEDICAL TRANSACTI	1000	15-Nov	5-Nov
		DARD PURCHASES			
12.		FEDEX A84601-520301683TN	1040	5-Nov	5-Nov
19.		ATAT WORLDNET SERVICES	1041	6-Nov	6-Nov
745.		BOYDS	1042	6-Nov	6-Nov
1015		BEST BUY	1043	6-Nov	6-Nov
237		HOME DEPOT	1044	10-Nov	IO-Nov
19.		AOL SERVICE 1197	1045	10-Nov	IO-Nov
173.	•	STAPLES #140	1046	11-Nov	11-Nov
701.		PROGRAMMERS SUPER SHOP	1047	14-Nov	14-Nov
297		COMPAC COMPUTERS	1048	18-Nov	18-Nov
45.		SNEAKER STADIUM	1049	19-Nov	19-Nov
	ES 2267.64	SUSTOTAL STANDARD PURCHAS	1042	19-1904	19-100
		ADVANCES			Į
300		MAC RT 571 & RT 130	1050	4-Nov	4-Nov
	200.00	SUSTOTAL CASH ADVANCES			
22		OUNT TRANSACTIONS			
14		FINANCE CHARGE ON MEDICAL	1051	20-Nov	20-Nov
54		FINANCE CHARGE ON CASH ADV	1052	20-Nov	20-Nov
1		FINANCE CHARGE ON STANDAR	1053	20-Nov	20-Nov
, ,		REFUND OF OVERCHARGE TRAIS SUBTOTAL ACCOUNT TRANSAC	1054	20-Nov	20-Nov
		MENT(S)			
(50		PAYMENT THANK YOU	1066	1-Nov	1-Nov
(200		PAYMENT THANK YOU		6-Nov	6-Nov
(150		PAYMENT THANK YOU	1	12-Nov	12-Nov
(100		PAYMENT THANK YOU		19-No	19-Nov
	(5000.00	SUSTOTAL PAYMENT(S)	1		

FIGURE 5

ACCOUNT SUN	w	JIY
PREVIOUS BALANCE		7791.80
MEDICAL PURCHASES	10	1375.00
CASH ADVANCES	•	300.00
STANDARD PURCHASES	<u> •</u>	2586.64
CREDITS	ŀ	42.41
PAYMENTS	Ŀ	5000.00
LATE CHARGES	•	0.00
FINANCE CHARGES	•	97.00
NEW RALANCE		7087.86

SUMMARY OF ACTIVITY								
INSURED	DATE	DESCRIPTION	OWED	PAID ON VISA	POSSIBLY	QUICK PAY #	NOTES	
SAMANTHA SMITH (01)	10/14/97	IKLEIN, EDWARD, MD	112.00	640.00			\$80 OVERPAY	
	10/15/97	IPRINCETON MEDICAL CTR	110.00	0.00	110.00	405		
	10/30/97	IKLEIN, EDWARD, MD	64.00	350.00			\$30 OVERPAY	
JOHN SMITH (02)	10/14/97	IDA MORGENSTERN, DDS	350.00	350.00				
	10/29/97	WANG, GEORGE, MD	140.00	15.00	125.00	406		

		YOUR RESPONSIBILITY								
DATE OF	DESCRIPTION OF	AMOUNT	AMOUNT	DEDUCT-	CO-	CO-	EXCLUDED		SEE	ĺ
SERVICE	SERVICE	81LLED	ALLOWED	IBLE	INS.	PAY	EXPENSES	TOTAL	NOTES	PAYMENT
XXXX	Manufacture	Carater of	er de sign	A 254 8 154	Hate Property		ry and our		٠.	
CLAIM# 97	10241335435-560229	KLEIN, EDV	WARD, MD							
10/24/97	TELEPHONE CALL	50.00	0.00	0.00	0.00	0.00	0.00	0.00	1064	0.00
10/24/97	INITIAL CONSULT	75.00	75.00	0.00	15.00	0.00	0.00	15.00	2047	60.00
10/24/97	COLLECT VENOUS BLOOD	30.00	0.00	0.00	0.00	0.00	0.00	0.00	1034	0.00
10/24/97	PITUITARY GONADOTROP	85.00	85.00	0.00	17.00	0.00	0.00	17.00	2047	68.00
10/24/97	PITUITARY GONADOTROP	85.00	85.00	0.00	17.00	0.00	0.00	17.00	2047	68.00
	RIA ASSAY OF ESTRADIOL	70.00	70.00	0.00	14.00	0.00	0.00	14.00	2047	56.00
10/24/97	ASSAY PROGESTERONE	70.00	70.00	0.00	14.00	0.00		14.00	2047	56.00
	ECHOGRAPHY, TRANS	175.00	175.00	0.00	35.00	0.00	0.00	35.00	2047	140.00
CLAIM TO		640.00	560.00	0.00	112.00	0.00	0.00	112.00	20-7	448.00
OHB VISA	TRANSACTION 1032 OF	10/24/97					- 0.00	640.00		
		PRINCETO	N MEDICAL	CENTER						
	OUT-PATIENT SERVICES	1292.82	550.00	0.00	110.00	0.00	0.00	110.00		440.00
CLAIM TO		1292.82	550.00	0.00	110.00	0.00	0.00	110.00		440.00
CLAIM# 97	11080398432-483984	KLEIN, EDV		<u> </u>		0.00	0.00	110.00		440.00
11/08/97	OFFICE VISIT	75.00	75.00	0.00	15.00	0.00	0.00	15.00	2047	50.00
	ECHOGRAPHY, TRANS	175.00	175.00	0.00	35.00	0.00	0.00	35.00		60.00
	ASSAY PROGESTERONE	70.00	70.00	0.00	14.00	0.00	0.00	14.00	2047	140.00
	COLLECT VENOUS BLOOD		0.00	0.00	0.00	0.00	0.00			56.00
CLAIM TOT		350.00	320.00	0.00	64.00	0.00	0.00	0.00	1034	0.00
	TRANSACTION 1033 OF		320.00	0.56	٠٠.٠٠	0.00	0.00	350.00		256.00
SAMANTH		2282.82	1430.00	0.00	286,00	0.00	0.00			
		2202.02	1430.00	0.00	200.00	0.00	0.00	286.00		-1144.00
JOHN SAN	到1990年1987、李安武	Carlotte 1					23 a - 2 - 3 - 3			
CLAIM# 97	11014930293-839434	DR. MORGI			E/					<u> </u>
	CROWN REPLACEMENT	1500.00	500.00		100.00	0.00	0.00	222.22		
CLAIM TO		1500.00	500.00	250.00	100.00	0.00	0.00	350.00		150.00
	HEALTHBANK.COM IN						0.00	350.00		150.00
CLAIM# 97		WANG, GE		ICTION 1004	ON TIVE			350.00		
	OFFICE VISIST	80.00		0.00		45.00	2.22			
	RHYTHM ECG. TRACE	125.00	125.00			15.00	0.00	15.00		60.00
CLAIM TOT		205.00		0.00		0.00	125.00	125.00		0.00
	TRANSACTION 1035 ON		200.00	0.00	0.00	15.00	125.00	140.00		60.00
JOHN'S TO			700 00	000 001	400.00			15.00		
	INL	1705.00	700.00	250.00	100.00	15.00	125.00	490.00		210.00
PANEL CON	TPM 19 54 19 5.74 5	3987.82	2130.00	200 001						
				250.00	386.00	15.00	125.00	776.00		1354.00

FIGURE 6

8/11

Healthcare Provider Name and Address

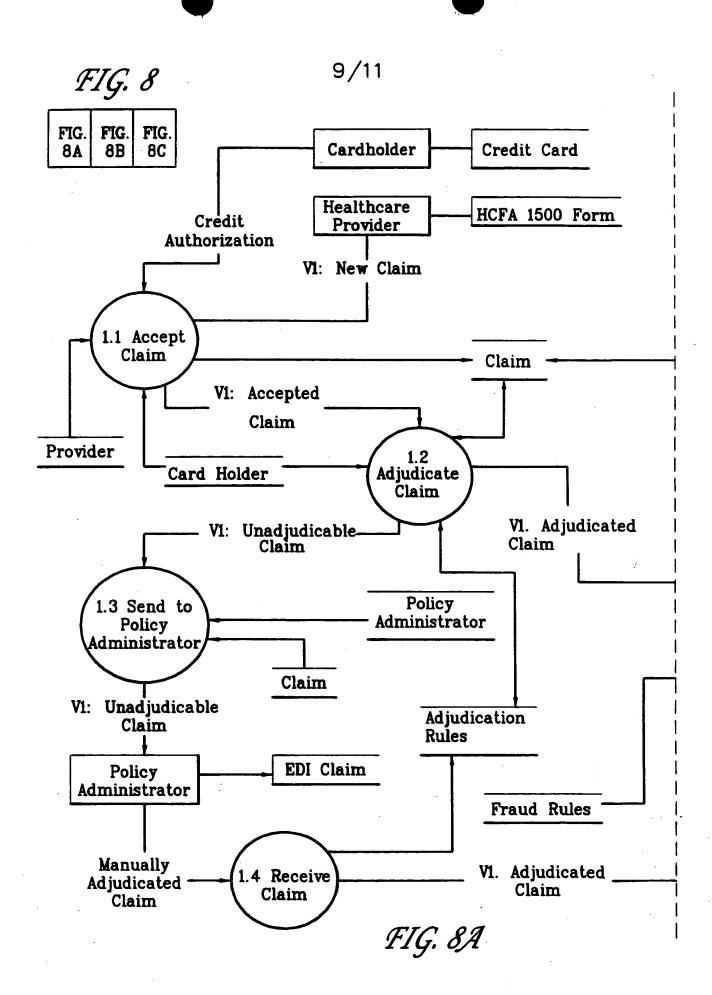
Third Party Payor Name

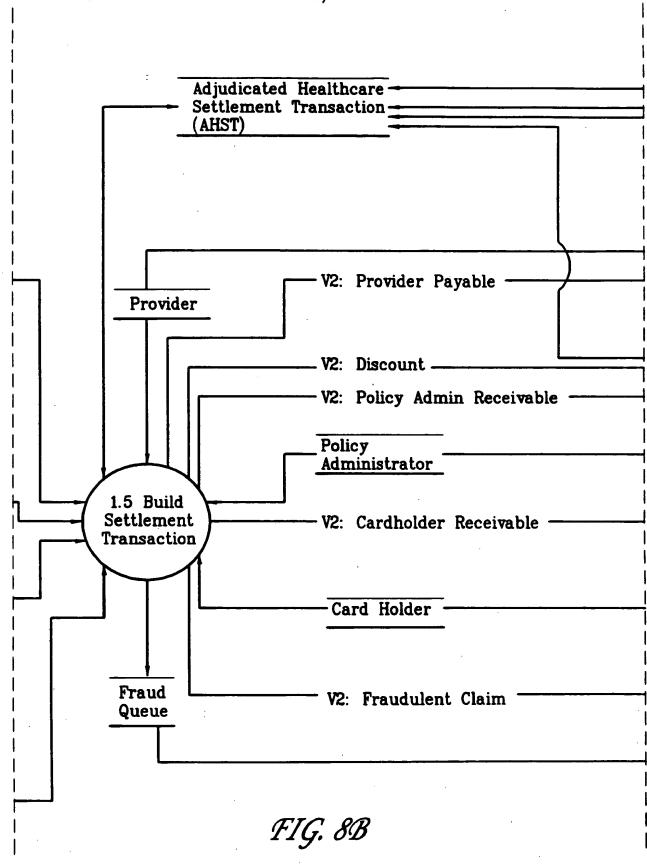
Name	Swati Lele
Date	2/10/1998
Card Number	4332-3011-3020-001
Exparation Date	6/99
Authorization Code	234556

Transaction Date	Posting Date	CPT Code	CPT Description	Amount
02/10/1998	02/10/1998	09142	Consultation	500
			,	
				:

	Description	Amount
•	Services Rendered Charges	500
	Lab Charges	100
	Copay Charges	20
44	Total Charges	620
	Amount paid by patient	20
46	Amount paid by insurer	600
	Net Charges	0

Authorized Signature X





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